DATENT ADD	PLICATION FEE D	ETEDMINIATION:	DECODD I
PAIENI API	PLICATION FEE D		NECOND I

Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER SMALL			
TOTAL CLAIMS			69				RA	TE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS		69 minus 20=		• 49		X\$	9=	44	ÓR	X\$18=	883 —		
INDEPENDENT CLAIMS			9 mir				X4	0=	240	OR	X80=	480 -	
MULTIPLE DEPENDENT CLAIM PRESENT							+13	35=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TO	TAL	1-036	OR	TOTAL	1168	
CLAIMS AS AMENDED - PART II										•	OTHER THAN		
		(Column 1)		(Colu		(Column 3)	SM	ALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	T CL AULA	=	X4	0=		OR	X80=		
-	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDEN	CLAIM		+10	35=		OR	+270=		
			•				T ADDIT	OTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	_				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	T CL AINA	=	X4	0=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=		
							T ADDIT	OTAL . FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	•	- - -					
AMENDMENT C	\$\frac{1}{2}\ldots \frac{1}{2}\ldots \frac{1}{2}	CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	T 01	=	X4	0=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	I CLAIM		J	· E			. 270		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL OR +270=													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number